

NH Early Childhood Credential Application

I. APPLICATION INFORMATION

Please mark the box(es) next to the position(s) for which you are applying. Credential level is dependent on qualifications and will be determined by the Credentialing Specialist.

<input type="checkbox"/>	NH Family Child Care
<input type="checkbox"/>	NH Early Childhood Teacher
<input type="checkbox"/>	NH Early Childhood Master Teacher
<input type="checkbox"/>	NH Early Childhood Administrator
<input type="checkbox"/>	NH Early Childhood Master Professional (first selected endorsement included in fee, additional endorsements are \$5.00/each; endorsements listed below)
<input type="checkbox"/>	Workshop Trainer endorsement
<input type="checkbox"/>	Faculty endorsement
<input type="checkbox"/>	Individual Mentor endorsement
<input type="checkbox"/>	Program Consultant endorsement
<input type="checkbox"/>	Allied Professional endorsement
<input type="checkbox"/>	NH Early Childhood Infant and Toddler Endorsement

- ☐ New Application (\$25.00) ☐ New Position (\$25.00) ☐ Change of Level (\$10.00)
☐ Expired Credential (\$25.00) ☐ Application for Renewal (\$10.00)
☐ Credential Reprint (\$3.00)

*Each additional **Master Professional** and the **Infant & Toddler** endorsement is \$5.00

Please indicate the # of additional endorsements: _____

Please make checks payable to: Treasurer State of NH

II. PERSONAL INFORMATION

Name _____

(Please print your name exactly as you want it to appear on your credential)

Other name/s in which information may be received-maiden, etc.

Home Address:

City/State/Zip:

E-mail:

Primary Telephone: () -

Work Telephone: () -

Last 4 digits of Soc. Sec. #

If applying between October 1st and March 1st, please check one of the following:

- ☐ YES, I would like to receive my credential in person at the Annual Celebration for EC and AS Professionals.
☐ NO, I will not be attending the Annual Celebration, please mail my credential.

FOR OFFICE USE ONLY:

Date Application Received: _____ Date Payment Received: _____ Check # _____

Check from: _____ Check amt: _____ Amount applied to app: _____

Credential Awarded: _____ Date: _____ Expires: _____

(Application continued on next page)

III. EDUCATIONAL HISTORY

- Coursework must be completed at a regionally accredited institute of higher education
- A copy of your high school diploma or GED may be required for some lattice levels*
- All credit and degree requirements must include a minimum of 3 credits focused on Child Growth and Development
- College course* transcripts must arrive in a sealed envelope from the college registrar's office
**Please refer to lattices and "approved coursework" for reference*

Secondary Education	Institution	City/State	Date of Completion
High School Diploma; or			
GED			
Post-Secondary Education (College/Universities)	City/State	Date of Attendance	Degree(s) Awarded
Professional Credentials	City/State	Date Issued	Last Date of Renewal

IV. EMPLOYMENT INFORMATION*

Name of Program/Employer:	
Address:	
City/State/Zip:	
Phone number:	Program License #:
Full time or Part Time hours:	
Starting Date of Your Current Position:	

V. WORK EXPERIENCE*

***Please attach your *updated* resume, including current position, and please enclose a letter from current and previous employer(s) verifying the following: employment dates, position held, hours per week, and ages of children in your care. You only need to document employment as required per credential work experience requirements.**

PLEASE NOTE: All supporting credential documentation must be received within 60 days of your initial credential application submission. Incomplete applications will be archived after 60 days. Should you re-apply for a credential, you will be required to resubmit all documentation, and the appropriate credential fees.

(Application continued on next page)

VI. ONGOING PROFESSIONAL TRAINING

<i>Please attach copies of training certificates that include dates, length of training, and content in the Core Knowledge Areas as listed below. The present or host org./agency must sign certificates.</i>			
	Title of Training(s)	Date	Hours or Credits
Developing as a Professional	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Building Family and Community Relationship	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Teaching and Learning	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Promoting Child Growth and Development	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Observing, Documenting, and Assessing	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

VII. PROFESSIONAL ACTIVITY UNITS (PAU'S) – ATTACH DOCUMENTATION

All levels, with the exception of Family Child Care Level 1, and the NH Early Childhood Teacher level 1, require documentation of PAU's. Please refer to the appropriate lattice for the number of PAU's required. Please contact the Credentialing Specialist with any questions at 603-271-4684.

The information presented in this packet is complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please mail your completed application with materials to:

**DHHS/DCYF/Child Development Bureau
ATTN: Credentialing Specialist
129 Pleasant Street
Concord, NH 03301**

Early Head Start Option

(For applicants to qualify for work in Early Head Start)

The following requirements are for **Early Head Start** only for the infant and toddler credential endorsement. Early childhood professionals who **qualify for** or **hold** (a) a valid NH Early Childhood Teacher level 3 credential, **and** (b) the infant and toddler credential endorsement may seek an **Early Head Start Option**. The Early Head Start Option is required of professionals to qualify for work in Early Head Start.

Candidates for all three credentials/endorsements (NH Early Childhood Teacher level 3 credential, infant and toddler credential endorsement and Early Head Start Option) may submit these applications at the same time. Candidates for the infant and toddler credential and the Early Head Start Option may also submit these applications at the same time.

The following verification must be submitted for the Early Head Start Option:

- ☐ Documentation of a valid NH Early Childhood Teacher level 3 credential *(unless applying for this credential at the same time as the Early Head Start Option)*
- ☐ Documentation of the infant and toddler credential endorsement *(unless applying for this endorsement at the same time as the Early Head Start Option)*
- ☐ Verification* of completion of a resource binder;
- ☐ Verification* of completion of a parent opinion survey;
- ☐ Verification* of at least 3.5 hours of observation of the applicant in an infant and/or toddler setting was completed; and
- ☐ Verification* of completion of an additional 120 hours of professional development, which may be met through participation in coursework and/or a wide variety of training available in the field, including inservice. All formal education hours must be under the auspices of an institution of higher education, agency or organization with expertise in early childhood teacher preparation. The education could be for college credit or for no credit.

*Verification may be a signed letter or direct email from a college faculty member or a credentialed Early Childhood Master Professional – holding a Workshop Trainer, Individual Mentor, Faculty, or Program Consultant endorsement, who has:

- Reviewed the documents and verified that the assignments were completed; and
- Directly observed the applicant working in an infant and/or toddler setting.

Professional Activities Documentation Form

**Please complete this form for professional activities that are not listed on the PA Matrix (page 14-16).
Please attach any additional appropriate documentation (copy of certificate, brochure, photograph, etc)**
The credentialing specialist will review your request and, if approved, assign units.

Title of Activity:	
Location:	
Date:	Time:

1. Please mark the Core Knowledge Area(s) that this activity addressed

<input type="checkbox"/>	Developing as a Professional
<input type="checkbox"/>	Building Family and Community Relations
<input type="checkbox"/>	Teaching and Learning
<input type="checkbox"/>	Promoting Child Growth and Development
<input type="checkbox"/>	Observing, Documenting, and Assessing

2. Provide a brief explanation of the activity in which you participated:

3. List 2 ways that this activity provided opportunity for your own professional growth in the early childhood field:

- ---
- ---

4. List up to 3 ways in which your involvement in this activity either gave back to the greater early childhood community and/or improved the quality of your early childhood program. (Please note that activities that serve only marketing purposes for programs or organizations are not considered professional activities for the purpose of awarding PAU's):

- ---
- ---
- ---

Signature of verification*: _____ **Date:** _____

Signature of applicant: _____ **Date:** _____

**A supervisor, employer, or other leader in the field can complete signatures of verification*

Professional Development Plan

(Part I)

A critical component of professional development is self-awareness and reflection, followed by action planning. Professional development plans begin with reflection and the move forward with goal setting, so that you can further your growth in the field.

Please use the following reflective questions as a tool to stimulate your thinking. These ideas and thoughts can be used as a foundation for creating your professional development plan. One of the important steps in achieving professional growth through your plan is by staying committed. Frequently review this plan with your employer, director, or supervisor (at least every 4-6 months). Be sure to create an intentional follow up plan.

What are your professional goals?

What do you want to learn more about in the field of early care and education?

Are there any aspects of your work that challenge you? What would you like to be able to do better?

What are your current strengths?

(Part II continued on the next page)

Professional Development Plan

(Part II)

Name: _____

Title/Position: _____

Date of hire: _____ Hours per week: _____ Age group: _____

Education Completed:

☐ GED
☐ High School Diploma
☐ Associate Degree (Major: _____)
☐ Baccalaureate Degree (Major: _____)
☐ Master's Degree (Concentration: _____)
☐ Doctorate (Dissertation: _____)

ACTION PLAN FOR PROFESSIONAL GROWTH AND DEVELOPMENT

<u>Goal</u> <i>What do you want to learn more about, do better, and/or achieve?</i> (Core Knowledge Area)	<u>Activity</u> <i>What activity will you engage in to achieve your goal (for example: enroll in a class, complete a workshop, review literature, plan a specific event or activity, etc)?</i>	<u>Resources Needed</u>	<u>Progress Assessment</u>	<u>Date completed</u>	<u>Evidence of Accomplishment</u>
<u>Example</u> CKA= Developing as Professional	<i>I want to learn more about professional standards and the credentialing process. I would eventually like to apply for a credential.</i>	<i>NH ECPDS guidebook / time</i>	<i>Check back in 3 weeks</i>		<i>Display credential</i>

Reviewed By: _____

Reviewed By: _____

☐ Initial review Date: _____ ☐ Quarterly review Date: _____
☐ Semi-annual review Date: _____ ☐ Yearly- review Date: _____

TRANSCRIPT REQUEST FORM

To (Name of College/University):

Date:

This is a formal request that a signed and sealed official transcript be forwarded to the address below.
Please enclose a transcript key to assist in the evaluation of credits.

Current Name:

Other name(s) under which transcript might be found:

Current Address:

Social Security Number:

Dates attended/Tests taken:

Signature: _____ **Date:** _____

Please mail transcripts and a copy of this form to:

**DHHS/DCYF/Child Development Bureau
ATTN: Credentialing Specialist
129 Pleasant Street
Concord, NH 03301**